



QUICK UPDATES

July 3, 2003

Many, many thanks to all who contributed to this issue . . . a tremendous effort! There are 16 Quick Updates!!

1. Because you took the time to report . . . thank-you! You've asked us about some of the changes we've made as a result of the occurrence reports you filed. Here are 6 highlights from January - June 2003.

- Material Management Department conducted a product review of the Surgivac hemovac. After consultation with nursing and surgical services, additional hemovac products have been entered into our inventory.
- **Tizanidine-tiagibine, sulfadiazine-sulfasalazine, atenolol-metoprolol!** These are just a few look-alike drug names you told us about this quarter. These drug pairs have been forwarded to the Pharmacy Look-Alike Drug Team for action. See #5 below for more details about the safety strategies employed by this team.
- Hydroxyzine injection is indicated for IM use only and this information has been included on the MIS ordering screens. At your suggestion, we have revised the MIS ordering screen with a stronger warning message, "**Not for IV use.**"
- The implementation of the Gemstar ambulatory infusion pump has been temporarily discontinued. Until further notice, the Abbot AIM Plus is has been placed back into service.
- The procedure for accurately completing the Typenex band have been distributed to all nursing units for posting and are attached to the NPCS PRO: Blood Product Administration.

2. Emergency Management Plan Tip of the Month . . . a new feature! Clinical Center departments have been working together for over a year to review our responses in the event of a chemical, radiological, biological, or fire emergency. Managers are actively discussing our new policies and procedures with CC staff. If you haven't had an overview, contact your nurse manager or supervisor. Beginning with this issue of the **QU**, we will feature helpful tips. Here are 2:

- **CC Emergency Management Procedures (2003)** - have been distributed to all nurse managers and supervisors. It is a flipchart with a **bright red** cover. Look for them in your PCUs. They are posted in visible and readily accessible areas. Take note there is an Evacuation Route tab that will identify 2 exits for your area.
- **The Red Phones now have more dialing options!!!** We want to be sure you can use the **RED PHONES**, the Clinical Center's Emergency "Back-Up Telephone System. The **RED PHONES** are used whenever any NIH phone (451-, 402-, 435-, 443-, 480-, 496-, 594-, and 827-exchanges) is not working. Follow these instructions:

■ NIH Emergency	■ Dial 911, 111, 112, or 108 (all NIH #'s work on red phones)
■ To dial from a RED PHONE to a house phone	■ Dial 7-digit number
■ To dial from a RED PHONE to a RED PHONE	■ Dial 7-digit number without the area code
■ To dial from a house phone to a RED PHONE	■ Dial 9 + 301 + 7-digit number
■ To dial from a RED PHONE to an outside line	■ Dial 9 and wait for the 2 nd dial tone (there may be a delay) + (area code) + 7-digit number NOTE: If you need to dial an area code other than 301, dial 9 & wait for the 2 nd dial tone, then dial 1 plus the 10-digit number

3. Labeling Specimens for Blood Bank - We have learned that long or hyphenated patient names do not completely print on MIS generated patient labels. When drawing a Typenex specimen, if the patient labels do not contain the patient's complete first and last name, then:

- make a new label using the address-o-graph plate, or hand write the rest of the name on the label.
- Write the full first and last name on the typenex band and verify that the two labels match.

If you need additional blank labels, please call the administrative coordinator.

4. Tincture of Opium - A patient care unit reported recently they were experiencing difficulty accurately measuring and controlling for Tincture of Opium, a controlled substance. Tincture of Opium has traditionally been dispensed in a dark brown bottle with a dropper; doses were measured in drops and the narcotic control sheet measured in mLs. Nursing and Pharmacy put their heads together and determined it would be cleaner and better controlled if Tincture of Opium was dispensed as a "unit dose." Therefore, Tincture of Opium will now be dispensed as a unit dose via an ORAL syringe in 0.1mL and 0.6mL sizes. The ordering screens have been changed to ask the prescriber to enter the dose in mL (rather than drops). Dosing information can be found in MicroMedex (druginfo.cc.nih.gov) or on the MIS ordering screens. The syringes can be easily loaded into the PYXIS (contact Jae Kim) and an accurate count maintained. Kudos to 12e and the Pharmacy!

5. Look-Alike Drugs - The Pharmacy Department evaluated a number of look-alike and sound-alike drug pairs. To better differentiate these drug products, the Pharmacy Department has changed labeling and packaging for look-alike drug pairs to lessen the risk of mix-ups.

- Indications and trade names have been added to the Meds Index for many drugs that have name similarities. Asterisks have been inserted in some drug names to highlight differences. For example, **Lamivudine** and **Lam*o*trigine**
- Targeted look-alike drugs packaged by the Pharmacy will now include special blue plastic backing instead of a clear plastic backing.

These changes should serve as a reminder to the prescriber and the nurse to take a 2nd look at the drugs that are being ordered and/or administered . . . **WHEN IT IS BLUE, READ IT TIMES 2**. As always, prior to drug administration, a nurse validates they have the right patient, right drug, right dose, right route, and right time. If you have any questions, please contact Bona Benjamin @ 2-7064 or your clinical pharmacist.

6. Alteplase (Activase®) screens - The MIS screens for ordering alteplase (also known as rtPA) have been changed. When alteplase is ordered, 2 orders will be generated (a NOW order and a Miscellaneous "may repeat X1" order). This 2nd order gives you the ability to reorder a 2nd dose if needed and to document the administration of a 2nd dose. What you need to know is that the 2nd order is **to be discontinued by the nurse if it is not used within 8 hours** . . . if you don't discontinue the order, it will remain on your MCP. The potential risk here is that the 2nd dose will be inappropriately activated. To safeguard against inappropriately reordering the 2nd dose 2 days after the order was placed, for example, a message in the body of the 2nd order states, "EXPIRES 8 HOURS AFTER ORDERED." This language was placed to signal the nurse to discontinue an outdated order and to seek a current alteplase order, if needed. In the event, the nurse did call for the 2nd dose inappropriately, the pharmacist will not release the drug and advise the nurse to seek a current order.

7. Drug Dosing Charts and Drug Compatibility Charts - If you are using drug dosing charts and drug compatibility charts in your patient care area, a clinical pharmacist should review these charts prior to their use. A clinical pharmacist will confirm the source and accuracy of the information.

8. Refrigerated Medications - The Pharmacy has recently made us aware of the importance of safely returning unused refrigerated drug products like epoetin, darbepoetin, filgrastim and pegfilgrastim. These 4 drugs must be returned to Pharmacy so they can be promptly refrigerated in order to maintain the integrity of the product. The Pharmacy recommends returning these drug products by Messenger Escort Services because it is important to avoid shaking and agitating these drug products and to make certain they are promptly refrigerated.

9. To store or not to store . . . that is the question - A frequent question asked by hospital managers is how and where can we safely store essential hospital supplies? These are a few of the guiding principles:

- **Floor Storage** - The JCAHO standards do not prohibit floor storage. The standards though require:

- Sensible infection control policies
- 18" of clear space for a sprinkler to operate
- Exits that are free and clear of obstructions

Therefore, food, supplies, and linens are always stored on elevated surfaces so that they cannot be contaminated by spills, dust, and molds; general housekeeping and pest control can be provided safely and efficiently; and, do not obstruct doorways and other exits.

- **Under Sink Storage** - The area under a sink is considered a soiled environment as people wash their contaminated hands in sinks and rinse potentially infectious material down sinks. A leak from a sink drain will contaminate whatever is stored underneath. Therefore,

- Foods, patient care supplies, and linens are not stored under a sink.
- Items that are, by virtue of their use, contaminated, e.g., cleaning implements and solutions, and trash can liners can be stored under a sink.
- In a laboratory setting, water-soluble chemicals are not stored under a sink unless contained in watertight containers or enclosures.

- **Behavioral Health or Pediatric Units** - Strict storage control must be maintained for almost any item in a behavioral health or pediatric care setting.

10. Storage of Avagard™ D Instant Hand Antiseptic - As you may know, Avagard™ D is an alcohol-based hand sanitizer containing a 61% solution of ethyl alcohol. This product can be used to sanitize hands. What you might not know is that when improperly stored, this product can pose a fire hazard. While the Office of the Fire Marshal has approved the use of the wall-mounted pump dispensers and the pocket-sized products, they have advised that patient care units NOT store Avagard™ D outside of Pyxis SupplyStations. If you are interested in reviewing the Material Safety Data Sheet (MSDS) for this product, it is available in CHS. Hospital Safety just updated all Hazard Communication Books (located on each PCU and clinical department), including the Avagard™-D MSDS.

11. Rental, Leased, and Demo Equipment and Patient Owned Clinical Equipment will be screened by Biomedical Engineering. During off hours, Biomedical Engineering can be reached through the Page Operator.

12. 5-Minute Forums - Have you ever wanted to review a 5-Minute Forum again but couldn't put your hands on a copy? Your problem has been solved. They are now being posted on the NPCS intranet/Nursing Resources (<http://intranet.cc.nih.gov/nursing/resource2.html>).

13. Traveling to the Morgue - For your safety, prior to transporting a patient to the morgue, we recommend that you call the NIH Security (6-5685) and have an officer meet you on the PCU. When all staff are assembled then, travel to the morgue together as a team. This also should prevent time delays that can occur as one group waits for the other. Here are 2 more tips you might find useful:

- After using the Golvo® Lift dedicated to the morgue, remember to plug it back in so the battery charge will be adequate for the next user.
- When using the Golvo® Lift transfer sheet, please return the transfer sheet to the 11 West PCU so it can be sent out for special laundering.

14. Getting Lab information when you need it - Several weeks ago, the link between the Lab's Information System (LIS) and MIS went down for several hours. As a result of this event, we learned a helpful tip and wanted you to know. This is what happened . . . an outpatient had medical orders entered for phlebotomy; the labs were drawn as an outpatient, and the patient was subsequently admitted to an inpatient unit. When inpatient staff could not retrieve the lab results from MIS, they called DLM for help. DLM staff was also unable to locate the lab results. We learned later this was a result of the patient's status change from outpatient to inpatient coinciding with the LIS failure. Should a similar situation recur in the future, both nursing and DLM staff should determine if the patient's admission status changed on the same day the lab result is being sought. This information will assist DLM staff to determine where they can begin their search.

15. Instructions for bagging specimens - The Department of Laboratory Medicine wanted to provide you with a quick reference on how and when to use the 3 different specimen bags. The use of the correct specimen bag assists the DLM staff to process specimens in a timely manner.

- STAT only - Place all STAT specimens in the **red STAT bag** per patient
- Priority only - Place all PRIORITY specimens in the **orange Priority bag** per patient
- Routine only - Place all Routine specimens in the **blue Routine bag** per patient
- STAT & Routine and/or Priority - If your patient has a STAT specimen in addition to routine and/or priority specimens, place all specimens in the same **RED STAT Bag** per patient
- Priority and Routine - If your patient has a priority specimen in addition to a routine specimen, place all specimens in the same **orange Priority bag** per patient
- Urine samples are bagged separate from blood specimens and according to STAT, Priority, or Routine status
- Micro samples are bagged separate from other blood specimens and according to STAT, Priority, or Routine status.
- Cytology samples are bagged separate from other blood specimens and placed in a **blue Routine bag** and sent to Cytopathology.

16. A gentle reminder about returning medical equipment - Durable medical equipment such as Sequential Compression Devices (SCDs) belong to a general equipment pool for distribution to all patient care units on an "as needed" basis. To ensure their availability 24/7, all general durable medical equipment that is no longer needed for a patient's care is to be placed in the PCU's Soiled Utility Room. Soiled equipment is picked up by CHS staff within 24 hours and during regular operating hours (Monday - Friday 7:30AM to 8:00PM; Saturday, Sunday and Holidays 8:00AM to 4:30PM). To report durable medical equipment NOT picked up from the soiled utility room within 24 hours, call CHS during regular operating hours (6-2243).

Special Note: Large pieces of equipment such as an isolation cart should be placed in immediate proximity to the soiled utility room.